



Casting Troops Aside: The United States Military's Illegal Personality Disorder Discharge Problem

Prepared for

Vietnam Veterans of America
VVA Connecticut Greater Hartford Chapter 120
VVA Southern Connecticut Chapter 251
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Executive Summary

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New documents recently released by Department of Defense to Vietnam Veterans of America (VVA), VVA Connecticut State Council, and VVA Connecticut Chapters 120, 251 and 270 under the Freedom of Information Act (FOIA) confirm that the United States Military has a systemic personality disorder discharge problem. This problem stems from illegal violations of Department of Defense Instruction (DoDI) 1332.14, which governs the discharge of service members for personality disorder.¹

The DoD FOIA documents show that from Fiscal Year (FY) 2001 to FY 2010, the military separated more than 31,000 service members on the basis of alleged diagnoses of personality disorder (PD). Personality disorders are a class of mental health disorders characterized by individuals' inflexible, socially inappropriate behaviors across diverse situations. By definition, PD cannot be caused by any other major psychiatric disorder, a medical disorder, or substance abuse.

According to DoDI 1332.14, personality disorder is not incompatible with military service. For a service member to receive a PD discharge, PD must interfere with the execution of his or her duties. DoD considers PD a pre-existing condition and service members discharged on that basis cannot receive disability benefits or other benefits, including health care, for symptoms that are considered part of their PD.

Since FY01, both the Government Accountability Office (GAO) and DoD have identified hundreds of discharges in violation of DoDI 1332.14. This Instruction is intended to protect service

members, and a substantial number of these discharges may be based on a substantive misdiagnosis, where the underlying wound, if any, may actually be post-traumatic stress disorder (PTSD) or traumatic brain injury (TBI). Because the military has refused to release records regarding the scope and nature of its PD discharges, VVA, VVA Connecticut State Council and VVA Connecticut Chapters 120, 251 and 270 initiated two FOIA lawsuits to better understand the PD issue and to develop solutions to redress this large number of wrongful discharges. The findings from records obtained by these groups to date are presented below for the first time.

In 2008, based on a review of several hundred cases, the Government Accountability Office (GAO) concluded that hundreds, if not thousands, of illegal PD discharges may have occurred since FY01. Additionally, DoD admits that it diagnosed PD for at least some service members who might actually be suffering from PTSD or TBI. Even after congressional and media attention prompted the military to strengthen its PD discharge regulations and attempt to lower its non-compliance rates, one internal review concluded that in 2008-09, only "8.9% [of PD discharges] were processed properly ... This does not paint a pretty picture."²

Analysis of the records obtained by VVA, VVA Connecticut State Council and VVA Connecticut Chapters 120, 251 and 270 offers the broadest study to date of the U.S. Military's personality disorder discharge problem. For the first time, a longitudinal analysis is possible from FY01 to FY10 using records VVA has obtained through ongoing litigation.³

Although this study uses aggregate numbers, it accounts for over 31,000 service members discharged from FY01 to FY10. The GAO's most detailed examination used individual PD discharge packets from several military installations that accounted for only 371 total service members from FY02 to FY07.

In this study, VVA has identified three significant issues. **1)** From FY08 to FY10, illegal PD discharges continued, including a significant number in war zones, possibly preventing the swift

diagnosis and treatment of PTSD or TBI; **2)** In several service branches, a decline in PD discharges after congressional and media scrutiny in 2007-08 has been matched by significant numbers of discharges based on an alleged "adjustment disorder" (AD); and **3)** Although the number of PD discharges appears to be declining, the military has failed to take meaningful action to review and correct the wrongful discharge of as many as 31,000 service members since 2001.

Key Findings

- Over 31,000 service members were discharged on the alleged ground of a PD between FY01 and FY10, nearly 20% more than the 26,000 PD discharges estimated by GAO for the period 2001-07.
- Among the active duty services, the Navy administered the most PD discharges in FY01-10, 9,159 service members, and the Coast Guard administered the fewest, 837 service members.
- Within the reserve services for which VVA has obtained records, the Navy Reserve administered the most PD discharges since FY01, separating 391 service members, and the Air Force Reserve administered the fewest, separating 106 service members.
- The data VVA has acquired from FY01 to FY09 show that the Air Force has had the highest rate of PD discharges, 2.73% of all Air Force discharges, and the Army has had the lowest rate, 1.22%.
- The highest rate of active duty PD discharges in any year for which VVA has data is the Air Force in 2006, with 3.78% of all of its discharges. Discharge rates dropped after 2008, and in 2009 the Army had the lowest rate of active duty PD discharges, 0.44% of all of its discharges.
- After media and congressional attention to the high rate of PD discharges in 2007-08, the number of PD discharges across all branches plummeted, from an average of 3,849 service members per year in the period 2001-07 to only 907 service members per year in the period 2008-10.
- The Army made the greatest progress in absolute terms, reducing its PD discharges from an average of 984 per year in 2002-07 to 311 per year in 2008-10. The Coast Guard made the least progress, from an average of 93 annual PD discharges in 2002-07 to 91 per year in 2008-10.
- Internal reviews by the DoD services for FY08-10 found hundreds of illegal PD discharges.
- From FY01 to FY10, the Army had never discharged more than 1,086 soldiers for PD, but from FY08 to FY10, while PD numbers dropped; the Army discharged more than 2,000 soldiers for AD per fiscal year.
- In the same period in which PD discharges declined, the military discharged a substantial number of persons on the alleged ground of an adjustment disorder (AD). In FY08-10 the Army discharged 6,492 service members for AD; in FY09-10 the Coast Guard made 166 AD discharges; and in FY07-10 the Air Force made 1,821 AD discharges.
- Air Force PD discharges dropped from 840 in FY07 to 77 in FY10, while Air Force AD discharges rose from 102 in FY07 to 668 in FY10.
- Within the Army, the number of AD discharges for service members who served in IDP areas rose rapidly, from 346 in FY08, to 475 in FY09, and 767 in FY10. By FY10, 37% of all Army AD discharges (767 of 2,033) were of service members who had served in a war zone.

Background

Introduction

The United States Military has a personality disorder discharge problem. From FY01 to the present, the military has separated more than 31,000 service members with an alleged diagnosis of personality disorder (PD). To date, examinations of these PD separations by the Government Accountability Office (GAO), Department of Defense (DoD) and VVA has found that many of them were in violation of Department of Defense Instruction 1332.14, which governs lawful PD discharges and establishes important protections against wrongful discharge of service members. In 2008, while in the Senate, both President Obama and Vice President Biden asked DoD to establish a special discharge review program and set a temporary moratorium on the use of PD discharges.⁴ Because at least hundreds of PD discharges since 2001 have been done in violation of DoD 1332.14, they are illegal. However, the military has refused to correct or otherwise atone for these wrongful discharges. This is especially important because many service members wrongfully diagnosed with PD may in fact be suffering from Traumatic Brain Injury (TBI) and/or Post-traumatic Stress Disorder (PTSD). Because a personality disorder is considered to be a pre-existing condition by the Department of Veterans Affairs (VA), however, those wrongfully discharged with a PD diagnosis face substantial obstacles to obtaining medical care, disability compensation and other benefits for the underlying PTSD or TBI.

Personality and Adjustment Disorders

Personality disorder presents as chronic symptoms that impair an

individual's social interactions, with inflexible behaviors, unrealistic expectations, and inappropriate emotional engagement. Traditionally, PD is difficult to diagnose, requiring multiple sessions with a psychologist or psychiatrist. These sessions may also include psychiatric diagnostic testing. Interviews with those who have known a patient for a long period of time, such as family members, are often used as evidence to evaluate whether a patient has PD.⁵

In the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, PD is characterized as an Axis II disorder. Types of Axis II personality disorders include Paranoid, Antisocial, and Borderline PD. People with personality disorders may experience difficulties in cognition, emotiveness, interpersonal functioning or control of impulses. A diagnosis of PD requires ruling out Axis I mental health disorders such as depression, anxiety, or bipolar disorders, other medical causes of the behavior, and substance abuse.⁶

PD is not incompatible with military service, so for a service member to be separated on the basis of PD, the PD must interfere with the discharge of their duties. Per DoDI 1332.14, the service member must be counseled and given the opportunity to correct behavior that is interfering with his or her duties.⁷

Service members discharged for PD face numerous obstacles. Veterans discharged for PD cannot receive disability retirement pay from DoD for illnesses that have been incorrectly diagnosed as PD, and are much less likely to receive service-connected disability compensation from the Department of Veterans Affairs (VA).⁸ Veterans may have to repay reenlistment bonuses, which may put them in debt.

Finally, veterans face the stigma of a PD diagnosis that is clearly annotated on their discharge paperwork, making it difficult to find employment since prospective employers frequently request that paperwork.

Adjustment disorder (AD) is a condition caused by an abnormal response to stress. The symptoms must develop within three months of the onset of the stressor. According to the DSM-IV, AD must resolve within six months of the termination of the stressor.⁹ AD is not incompatible with military service. For a service member to be separated on the basis of AD, the AD must interfere with the discharge of his or her duties.¹⁰ In the military, VVA believes that health care professionals may be using PD and AD interchangeably to expedite a service member's separation from the military.

Personality Disorder Discharge Regulations Before 2008

Before FY08, according to DoDI 1332.14, a psychiatrist or psychologist could recommend separation for PD if an examination concluded that 1) a service member had PD and 2) the disorder was so severe that the member's ability to perform his or her duties was significantly impaired.¹¹

Because PD is not, in itself, incompatible with military service, DoD regulations prohibit discharge on this basis if the cause of separation was actually due to unsatisfactory performance or misconduct.¹² In other words, if PD was the reason that a service member was unable to perform his or her duties, then separation is authorized. If a service member was doing a poor job, unrelated to PD, PD could not be the reason used to separate him or her from service.¹³

DoDI 1332.14 also mandated that a service member who was recommended for separation because of PD had to be notified and counseled prior to separation.

The GAO Reports 2008-2010

After a congressional request in 2008, GAO examined 371 records of service members discharged for PD. Within this small sample, ***the GAO found overwhelming evidence that the military was illegally separating service members for PD.***

In violation of DoDI 1332.14, between 22% and 60% of soldiers in the sample were not actually diagnosed by a psychologist or psychiatrist with PD that interfered with their ability to function in the military, and up to 60% of service members never received formal counseling about their PD before they were separated from military service. The GAO concluded that "the military services have not established a way to determine whether the commanders with separation authority are ensuring that DoD's key separation requirements are met, and DoD does not have reasonable assurance that its requirements have been followed."¹⁴

In response to these findings, in 2008, the GAO recommended that DoD develop a system to ensure that PD separations are conducted in accordance with DoD's requirements and also to monitor the military services' compliance with DoD's PD separation requirements.

GAO returned to PD discharges in 2010 and concluded that while DoD had made some changes in response to the 2008 GAO report, it was unclear if any of the changes had actually been realized within DoD. The military services'

FY08 compliance reports showed they were still overwhelmingly non-compliant. Unable to look at the FY09 or FY10 compliance reports, GAO was unable to determine if these reports would continue to be published, but reiterated the importance of DoD fully implementing the 2008 PD recommendations.¹⁵

The Pentagon's Response to Congress, the GAO and the Media

In January 2009, David S. C. Chu, Undersecretary of Defense for Personnel and Readiness, directed DoD service branches to report on their compliance with "DoD PD separation guidance contained in 1332.14 for PD separations during [FY08 and FY09]."¹⁶ Chu's successor, Clifford L. Stanley, expanded the mandate, stating "[I]t is clear that compliance reporting should continue through FY12."¹⁷ Each DoD service branch was ordered to base its report "on a random sampling of at least 10% of all PD separations for your respective military department for the designated FY."¹⁸ Both the FY08 and FY09 samples showed DoD-wide, systemic problems with PD separation procedures. However, by FY10, on paper, all DoD services were approaching 100% compliance with PD regulations.¹⁹

In addition to required increased compliance reporting, DoD revised and strengthened the protections of DoD 1332.14. These changes govern PD discharges from mid-FY08 to the present, though most service branches did not implement the new regulations until late FY08. The revised regulations added that a Ph.D.-level psychologist or psychiatrist's

diagnosis of PD must be "corroborated by a peer or higher-level mental health professional and endorsed by the Surgeon General of the Military Department concerned" for service-members serving in Hostile Fire and Imminent Danger Pay areas (IDP areas).²⁰ All service members in Afghanistan, or who served in Iraq, were considered to be in an IDP area.²¹ In addition, a PD diagnosis must now address PTSD and other mental health concerns. If service-related PTSD is diagnosed, a separation for PD is not authorized. The PD diagnosis must also address TBI and symptoms that may be indicative of TBI.

In the revised DoDI 1332.14, PD is still not incompatible with military service. But, service members are expected to function effectively in the military environment. If a service member's ability to perform his or her duties is significantly impaired, as of FY08, there must be "appropriate counseling," and observations of specific problems from sources such as peers and supervisors must be documented in the counseling or personnel records.²² The impaired behavior must be shown to be persistent. It must interfere with a service member's assignment or duty. The behavior must also be shown to have continued despite the service member having being counseled and given an opportunity to overcome the deficiencies.²³ Personality disorder cannot be used if separation is actually due to unsatisfactory performance or misconduct. Finally, the service member must be told that personality disorder is not a disability and PD by itself will not qualify a service member for disability benefits.²⁴

Application of these stricter safeguards may have contributed to the decline in PD discharges since 2008.

Findings and Analysis

Concerned that the Department of Defense had failed to address the of tens of thousands of service members wrongfully discharged since 2001, even as it had strengthened protections against such abuses prospectively, VVA submitted Freedom of Information Act (FOIA) requests to DoD, the Department of Homeland Security (DHS) and the VA for records related to PD and AD.²⁵ In response to the initial FOIA request, DoD, DHS and VA provided a small set of responsive documents.

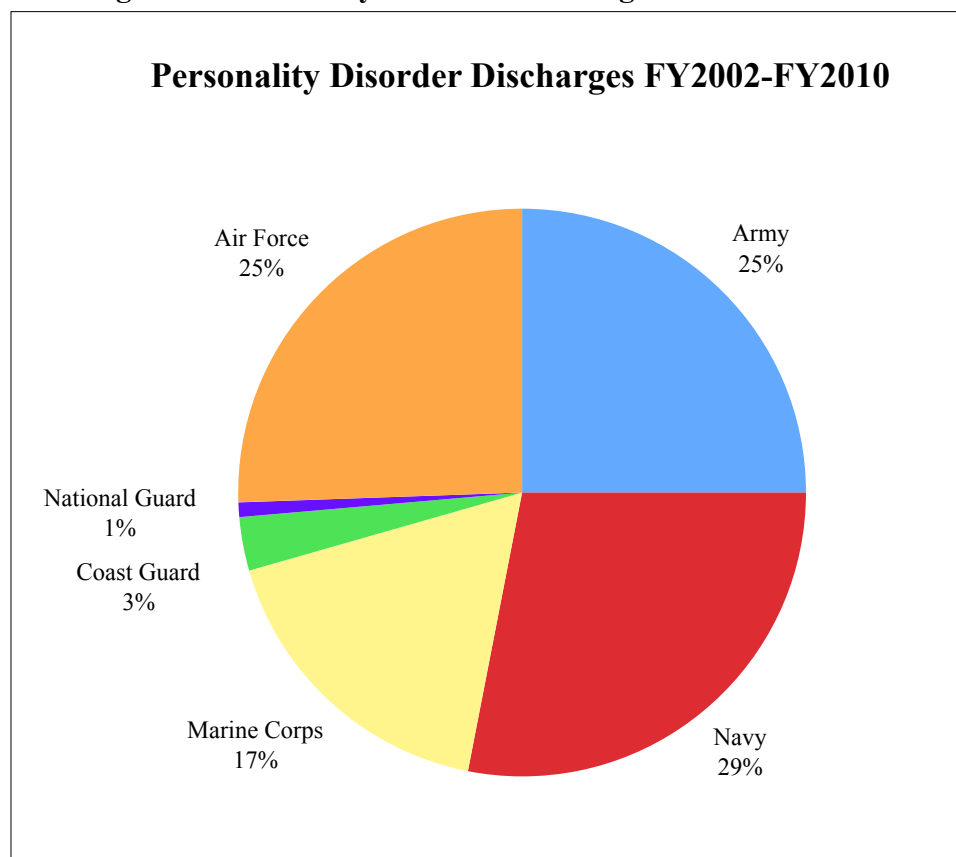
VVA sought to expand the GAO's investigation by looking at the thousands of PD discharges that occurred from FY01 to the present, rather than a 371-person sample from FY02 to FY07. A fuller understanding of the scope and details of these discharges will allow Congress, the agencies, and veterans' organizations to better craft appropriate responses to redress these tens of

thousands of wrongful discharges. Documents released to date are available on the VVA website at <http://www.vva.org/ppd.html>. In addition, VVA has sought to understand the cause of the substantial number of AD discharges since 2008.

PD Discharges from FY02 to FY07

Records obtained in FOIA litigation by VVA offer the first opportunity to examine aggregate PD totals from FY01 to FY10. Although the GAO looked at 371 files at several bases from FY02 to FY07 and discovered systemic illegality, this is the first comprehensive picture of the high numbers of PD discharges from FY02 to FY07. Media attention, congressional hearings, and the GAO investigation appear to have prompted a steep decline in PD discharges after FY07.

Figure 1: Personality Disorder Discharges FY2002-FY2010



Annual discharges by service branch are set out above in Figure 1 and below in Table 1 and Figure 2. Figure 1 depicts which services were responsible for the

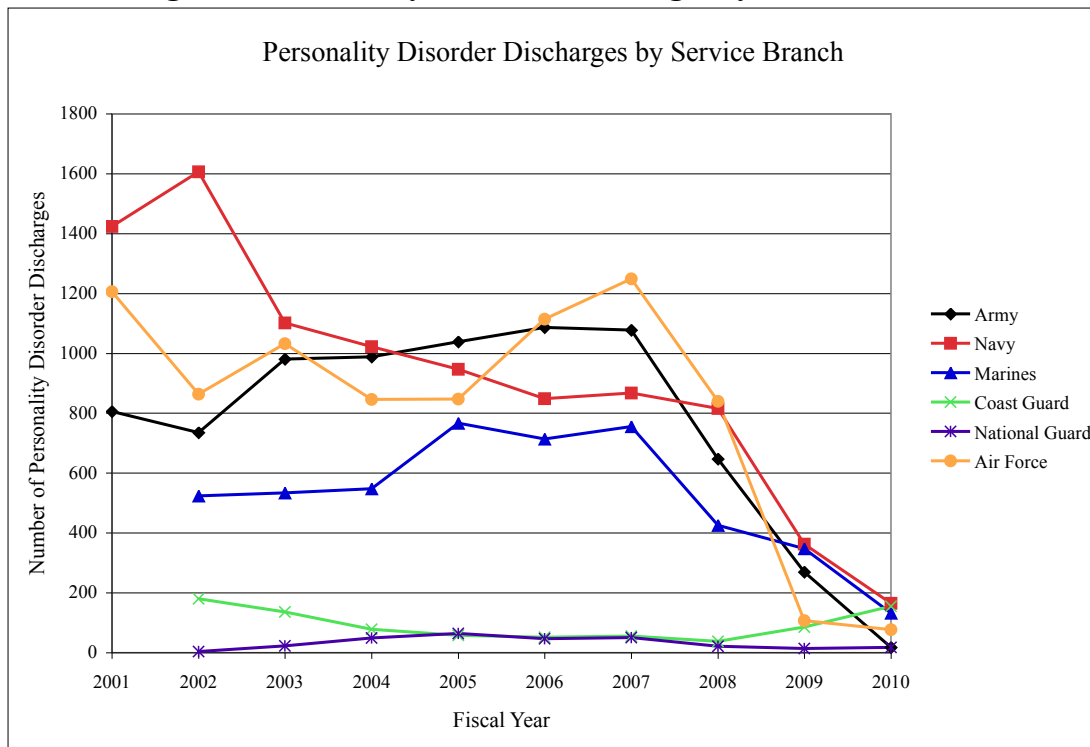
more than 27,000 PD discharges that occurred between 2002-2010. Table 1 and Figure 2 both show the year-by-year PD discharge trends by service branch.

Table 1: Personality Disorder Discharge Totals by Fiscal Year (FY)

FY	Army	Navy	Marine Corps	Coast Guard	National Guard	Air Force
2001	805	1424	*	*	*	1206
2002	734	1606	524	180	4	863
2003	980	1102	534	136	23	1032
2004	988	1022	547	78	49	846
2005	1038	946	767	58	64	847
2006	1086	848	714	52	47	1114
2007	1078	867	755	55	50	1249
2008	647	816	425	38	21	840
2009	270	363	348	85	14	107
2010	17	165	132	155	18	77

*Full 2001 numbers were not released by DoD and DHS.

Figure 2: Personality Disorder Discharges by Service Branch



In FY02, the Army discharged 734 service members with PD, and by FY07 the number rose to 1,078. This marked a 46.8% increase in PD discharges within the Army. Similarly, from FY02 to FY07, in the Marine Corps PD discharges rose from 524 to 755 (44% increase), and in the Air Force PD

discharges rose from 863 to 1,249 (44.7% increase). Nor were the Reserve components immune from this trend. In the same period, Navy Reserve PD discharges rose from 26 to 65, Marine Corps Reserve PD discharges rose from 20 to 40, and in the Army National Guard PD discharges rose from 4 to 50.

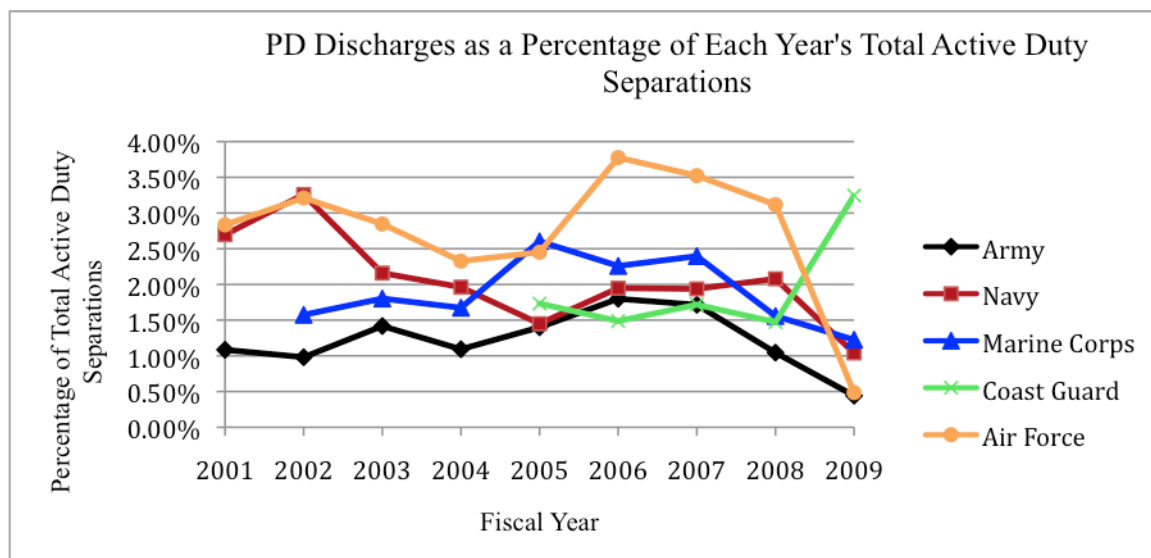


Figure 3: PD Discharges as a Percentage of Total Discharges²⁶

The military has not conducted an internal audit of the FY02 to FY07 PD discharges. After the 2008 GAO investigation, the military chose to investigate PD discharges from FY08 onward, ignoring the illegal FY02 to FY07 PD discharges uncovered by the GAO. The spike in PD discharges circa FY07 shows that while service members were being discharged illegally for PD as evidenced by the GAO report, PD discharges continued to rise in most of the service branches.

To date, the military has taken no meaningful steps to redress the illegal discharge of tens of thousands of service members from FY01 to FY07.

PD Discharges from FY08 to FY10

After the GAO investigation, each service began to take a sample of no less than 10% of the PD discharges for each fiscal year to evaluate compliance rates. Though its FOIA requests and litigation, VVA has obtained internal DoD numbers from FY08 to FY10. The self-reported numbers show illegal PD discharges occurring through FY10, apparently at a lower rate than in the FY01 to FY07 period. Nevertheless,

significant non-compliance continued. In a record released to VVA by the DoD, a Navy review of FY08 to FY09 PD discharges concluded that “ [o]f the cases reviewed, only 34 or 8.9% were processed properly in accordance with DODI 1332.14 ... This does not paint a pretty picture.”²⁷

Only in FY10 did the Army, Navy, Marine Corps and Air Force begin to approach a 100% compliance rate.²⁸

As of August 2008, per DoDI 1332.14, a legal PD separation must meet eight requirements. Five requirements apply to all service members and three apply only to service members who have served in an IDP area. Any discharge that does not comply with all eight requirements is by definition an illegal discharge. DoD internal numbers for the Army, Navy, Marine Corps and Air Force reveal how often in a sample fiscal year each requirement was met. Compliance rates for each service branch in 2008-10 are set forth in Table 2. The numbers show that once the service branches began to follow their own rules, the rate of PD discharges fell significantly.

Table 2: Compliance Requirements by Fiscal Year and Service Branch²⁹

Service Branch	Compliance Requirement	FY 2008 Compliance	FY 2009 Compliance	FY 2010 Compliance
Army	Formal Counseling	65%	70%	100%
Army	Psychiatrist or Ph.D.	72%	92%	100%
Army	Severe	82%	92%	100%
Army	Written Notification	83%	100%	100%
Army	Advised Not a Disability	0%	100%	100%
Army	Corroborated	0%	62%	100%
Army	Comorbidity	0%	62%	100%
Army	Endorsed	0%	62%	100%
Navy	Formal Counseling	7%	30%	100%
Navy	Psychiatrist or Ph.D.	99%	100%	100%
Navy	Severe	7%	100%	100%
Navy	Written Notification	100%	100%	100%
Navy	Advised Not a Disability	0%	11%	48%
Navy	Corroborated	33%	0%	100%
Navy	Comorbidity	50%	100%	100%
Navy	Endorsed	0%	100%	100%
Marine Corps	Formal Counseling	80%	85%	100%
Marine Corps	Psychiatrist or Ph.D.	83%	85%	100%
Marine Corps	Severe	71%	79%	100%
Marine Corps	Written Notification	88%	100%	100%
Marine Corps	Advised Not a Disability	90%	24%	71%
Marine Corps	Corroborated	33%	100%	100%
Marine Corps	Comorbidity	50%	100%	100%
Marine Corps	Endorsed	0%	0%	100%
Air Force	Formal Counseling	67%	91%	91%
Air Force	Psychiatrist or Ph.D.	97%	100%	100%
Air Force	Severe	97%	100%	100%
Air Force	Written Notification	97%	100%	100%
Air Force	Advised Not a Disability	0%	76%	56%
Air Force	Corroborated	0%	78%	100%
Air Force	Comorbidity	0%	78%	92%
Air Force	Endorsed	0%	78%	92%

The First Five Requirements

1. Formal counseling of a PD diagnosis, and evidence that a service member was given an “adequate opportunity to improve his or her behavior” prior to separation on the basis of PD.

In FY08, no service branch sample had 100% compliance for formal counseling and the opportunity to improve. Notably, only 7% of the Navy packets met this requirement, indicating that 93% of the PD discharges in the Navy sample were illegal. In FY09, no service branch sample had 100% compliance. By FY10, almost every DoD service branch self-reported 100% compliance for formal counseling and the opportunity to improve.³⁰

2. A PD diagnosis that was made by a psychiatrist or Ph.D.-level psychologist.

In FY08, no sample had 100% compliance for PD diagnosis from a psychiatrist or Ph.D.-level psychologist. Notably, 28% of the soldiers diagnosed by the Army with PD were given illegal discharges and did not have the benefit of consultation with a psychiatrist or Ph.D.-level psychologist. In FY09, only the Navy and Air Force self-reported 100% compliance. By FY10, almost every service self-reported 100% compliance for diagnoses made by a psychiatrist or Ph.D.-level psychologist.³¹

3. A statement from a psychiatrist or a Ph.D.-level psychologist that a service member’s disorder was so severe that the member’s ability to function effectively in the military

environment was significantly impaired.

In FY08, no sample had 100% compliance with the inclusion of professional judgment that due to PD, a service member could not perform his or her duties. Notably, in FY08 only 7% of the Navy packets met this requirement. In FY09, the Navy and the Air Force self-reported 100% compliance. By FY10, almost every service self-reported 100% compliance for diagnoses made by a psychiatrist or Ph.D.-level psychologist.³²

4. Member received written notification of his or her impending separation based on PD diagnoses.

In FY08, only the Navy had 100% compliance with the legal requirement that a service member receive written notification that he or she was being given a PD discharge. In FY09 and FY10 every service self-reported 100% compliance for written notification of a PD discharge.³³

5. Member was advised that the diagnosis of a personality disorder does not qualify as a disability.

In FY08, the Army, Navy and Air Force reported 0% compliance with the legal requirement that service members must be advised that PD is not a disability. In FY09, only the Army reported 100% compliance. In FY10, the Army remained at 100% for informing service members that PD was not a disability, but the Navy was at 48%, the Marine Corps was at 71% and the Air Force was at 56%.³⁴

The Three Imminent Danger Pay Area Requirements

If a service member has served in an Imminent Danger Pay (IDP) area, and was separated from service on the basis of PD, then a PD discharge packet must meet an additional three requirements.³⁵

1. Show evidence that a PD diagnosis was corroborated by a peer psychiatrist or Ph.D.-level psychologist or higher level mental health professional.

In FY08, the Army and Air Force reported 0% compliance with the legal requirement of corroborated diagnosis, and the Navy and Marine Corps were at 33%. In FY09, only the Marine Corps reported 100%. In FY10, every service self-reported 100% compliance with corroborated diagnosis.³⁶

2. Address PTSD or other mental illness co-morbidity.

In FY08, the Army and Air Force reported 0% compliance with the legal requirement of addressing PTSD or other mental illness co-morbidity, and the Navy and Marine Corps were at 50%. In FY09, only the Marine Corps and Navy reported 100%. In FY10, every service, with the exception of the Air Force self-reported 100% compliance with addressing PTSD or other mental illness co-morbidity.³⁷

3. Have the endorsement of the Surgeon General of the military department concerned prior to discharge.

In FY08, every service reported 0% compliance with the legal requirement of having the endorsement of the Surgeon General of the military department concerned. In FY09, only the Navy self-reported 100%. In FY10, every service, with the exception of the Air Force, self-reported 100% compliance with having the endorsement of their Surgeon General

In sum, DoD's own internal reviews indicated that substantial numbers of service members received PD discharges from FY08 to FY10 in violation of applicable regulations intended to protect service members. ***DoD has taken no meaningful steps to redress the wrongful discharges of these thousands of service members.***³⁸

Substantial Numbers of Adjustment Disorder Discharges in FY08 to FY10

From FY08 to FY10, the overall number of PD discharges began to drop, and PD compliance rates improved throughout DoD.³⁹ However, the military recorded substantial numbers of AD discharges in the same period.⁴⁰ The most complete set of AD numbers provided to VVA came from the Air Force, and they cover only FY 07 to FY10. Numbers for adjustment disorder discharges are set forth in Table 3 and Figure 4.

Table 3: Adjustment Disorder Discharge Totals by Fiscal Year

Fiscal Year	Army	Coast Guard	Air Force
2007	*	*	102
2008	2,032	*	303
2009	2,427	57	748
2010	2,033	109	668

* DoD and DHS have not released numbers for these years or for other branches.

In FY08, the Air Force separated 840 service members with personality disorder. In FY09 the number of PD discharges dropped to 107, and continued to decrease to 77 in FY10.⁴¹ Thus, in the Air Force between FY08 and FY10 there was an 87.2% decrease in personality disorder discharges.

However, in the Air Force from FY07 to FY10, adjustment disorder discharges rose at a high rate. In FY07, the Air Force separated 102 service members on the basis of adjustment disorder. In FY08 the number increased to 303, then rose to 748 in FY09, before it slightly decreased to 668 in FY10. The Air Force had a 555% increase in adjustment disorder from FY07 to FY10.⁴²

From FY01 to FY10, the Army had never discharged more than 1,086 soldiers in a given year for PD, yet from FY08 to FY10, while PD numbers dropped, the Army routinely discharged more than 2,000 soldiers

for AD. Within the Army, the number of AD discharges for service members who served in IDP areas also rose rapidly, from 346 in FY08, to 475 in FY09, to 767 in FY10. By FY10, service members who had served in a war zone received 37% of all AD discharges (767 of 2,033).⁴³

Unlike personality disorder discharges, adjustment disorder procedures were neither the subject of the 2008 GAO investigation nor the centerpiece of congressional hearings that year. To date there has been no examination of the use of AD discharges, and it is unclear whether AD has simply replaced PD as a tool for illegally separating service members.

Recommendations

- The Department of Defense should release to Congress and the public complete and accurate PD and AD discharge numbers from FY01 to the present.
- The Secretary of Defense should appoint a panel of senior officers, enlisted men and women, and Surgeons General—along with colleagues from the Coast Guard, which falls under the auspices of the Department of Homeland Security—to review each of the more than 31,000 personality disorder discharges executed since 2001, and the unknown number of adjustment disorder discharges occurring in the same period. It must identify illegal discharges and correct the records of service members with PTSD and TBI, who were incorrectly diagnosed with PD and AD and have therefore been denied benefits they earned by serving their nation in uniform.
- Adjustment Disorder regulations in DoDI 1332.14 should be revised to mirror the current regulations for PD.

References

¹ Department of Defense Instruction (DoDI) 1332.14 was issued in prior versions as Department of Defense Directive (DoDD) 1332.14. This report uses “DoDI 1332.14” throughout, but may refer to versions of 1332.14 that were titled “DoDD 1332.14.” This distinction is made in the endnotes.

² Memorandum from CAPT Falardeau, L.O., to Chief of Naval Personnel (Undated) (11-L-0109 VVA (Navy) 321) (on file with authors).

³ *Vietnam Veterans of America v. U.S. Dept. of Defense*, No. 3:10-cv-1972 (D.Conn.).

⁴ Letter from David S.C. Chu to Senator Obama (Feb. 5, 2008). (11-L-0109 VVA (OUSD P&R) 971) (on file with authors). Letter from David S. C. Chu to Senator Biden (Feb. 5, 2008) (11-L-0109 VVA (OUSD P&R) 982) (on file with authors).

⁵ Randy K. Ward, *Assessment and Management of Personality Disorders*, 70 AM. FAM. PHYSICIAN 1505 (2004).

⁶ AMERICAN PSYCHIATRIC ASSOCIATION. DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS: DSM-IV-TR (2000).

⁷ See Department of Defense Directive 1332.14 (Dec. 21, 1993) (11-L-0109 VVA (OUSD P&R) 73, 91) (on file with authors) [hereinafter DoDD 1332.14 (Dec. 21, 1993)] (“Separation processing may not be initiated until the member has been counseled formally concerning deficiencies and has been afforded an opportunity to overcome those deficiencies as reflected in appropriate counseling or personnel records”); Department of Defense Instruction 1332.14 (Aug. 28, 2008) (11-L-0109 VVA (OUSD P&R) 170,180-81) [hereinafter DODI 1332.14 (Aug. 28, 2008)] (stating as a revised version that “As such, observed behavior of specific deficiencies should be documented in appropriate counseling or personnel records and include history from sources such as supervisors, peers, and others, as necessary to establish that the behavior is persistent, interferes with assignment to or performance of duty, and has continued after the Service member was counseled and afforded an opportunity to overcome the deficiencies”).

⁸ DODI 1332.14 (Aug. 28, 2008) at 180 (“For personality disorders, the member will also be counseled that the diagnosis of a personality disorder does not qualify as a disability.”).

⁹ AMERICAN PSYCHIATRIC ASSOCIATION. DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS: DSM-IV-TR (2000).

¹⁰ DoDD 1332.14 (Dec. 21, 1993) at 91; DODI 1332.14 (Aug. 28, 2008) at 180-81.

¹¹ DoDD 1332.14 (Dec. 21, 1993) at 91 (“Separation on the basis of personality disorder is authorized only if a diagnosis by a psychiatrist or a psychologist, completed in accordance with procedures established by the Military Department concerned, concludes that the disorder is so severe that the member’s ability to function effectively in the military environment is significantly impaired”); DODI 1332.14 (Aug. 28, 2008) at 180-81 (“Separation on the basis of personality disorder is authorized only if a diagnosis by a psychiatrist or PhD-level psychologist utilizing the Diagnostic and Statistical Manual of Mental Disorders ...and in accordance with procedures established by the Military Department concerned, concludes that the disorder is so severe that the member’s ability to function effectively in the military environment is significantly impaired”).

¹² DoDD 1332.14 (Dec. 21, 1993) at 91 (“Separation for personality disorder is not appropriate... ..if separation is warranted on the basis of unsatisfactory performance”); And DODI 1332.14 (Aug. 28, 2008) at 180-81 (“Separation for personality disorder is not appropriate nor should it be pursued when separation is warranted on the basis of unsatisfactory performance or misconduct”).

¹³ *Id.*

¹⁴ U.S. GOV’T ACCOUNTABILITY OFFICE, GAO-09-31, DEFENSE HEALTH CARE: ADDITIONAL EFFORTS NEEDED TO ENSURE COMPLIANCE WITH PERSONALITY DISORDER SEPARATION REQUIREMENTS (2008).

¹⁵ U.S. GOV’T ACCOUNTABILITY OFFICE, GAO-10-1013T, DEFENSE HEALTH CARE: STATUS OF EFFORTS TO ADDRESS LACK OF COMPLIANCE WITH PERSONALITY DISORDER SEPARATION REQUIREMENTS (2010).

¹⁶ Memorandum from David S.C. Chu to Secretaries of the Military Departments (Jan. 14, 2009) (11-L-0109 VVA (OUSD P&R) 230) (on file with authors).

¹⁷ Memorandum from Clifford Stanley to Secretaries of the Military Departments (Sept. 10, 2010) (11-L-0109 VVA (OUSD P&R) 252-53) (on file with authors).

¹⁸ *Id.*

¹⁹ Undersecretary Stanley resigned in October 2011, in the midst of an investigation of what the National Journal called “allegations of gross mismanagement and abuse of power.” See Sara Sorcher, *Pentagon’s Embattled Personnel Official Resigns*, GOV’T EXECUTIVE (Oct. 27, 2011) available at <http://www.govexec.com/defense/2011/10/pentagons-embattled-personnel-official-resigns/35258/> (last accessed Mar. 9, 2012).

²⁰ DODI 1332.14 (Aug. 28, 2008) at 180-81.

²¹ Designated Hostile Fire or Imminent Danger Pay Areas, in DOD FINANCIAL MANAGEMENT REGULATION 10-6 (2011), available at http://comptroller.defense.gov/fmr/07a/07a_10.pdf (last accessed Mar. 9, 2012); 2011 Imminent Danger Pay, ARMY TIMES (Jan. 6, 2011), available at <http://www.armytimes.com/news/2011/01/military-dangerpay-010611/> (last accessed Mar. 8, 2012)

²² Designated Hostile Fire of Imminent Danger Pay Areas, *supra* note 21.

²³ *Id.*

²⁴ *Id.*

²⁵ The FOIA requesters were Vietnam Veterans of America (VVA), Connecticut Greater Hartford Chapter 120 of VVA, Southern Connecticut Chapter 251 of VVA, Connecticut Chapter 270 of VVA, and the Connecticut State Council of VVA.

²⁶ Total discharge data from DEP’T OF DEFENSE, 2001 DEMOGRAPHICS: PROFILE OF THE MILITARY COMMUNITY 32; DEP’T OF DEFENSE, 2002 DEMOGRAPHICS: PROFILE OF THE MILITARY COMMUNITY 31; DEP’T OF DEFENSE, 2003 DEMOGRAPHICS: PROFILE OF THE MILITARY COMMUNITY 34; DEP’T OF DEFENSE, 2004 DEMOGRAPHICS: PROFILE OF THE MILITARY COMMUNITY 35; Erik Skavin, *As Separation Rates Plummet, Military Getting More Selective*, STARS & STRIPES (Nov. 22, 2009), available at <http://www.stripes.com/news/as-separation-rates-plummet-military-getting-more-selective-1.96679> (last accessed Mar. 10, 2012).

²⁷ Memorandum from Capt. L.O. Falardeau to Chief of Naval Personnel (Undated) (11-L-0109 VVA (Navy) 321) (on file with authors).

²⁸ Personality Disorder Separations – FY 08 (11-L-0109 VVA (OUSD P&R) 232-233) (on file with authors).

²⁹ FY 10 – Personality Disorder Separation Policy Compliance Report (11-L-0109 VVA (OUSD P&R) 956-57) (on file with authors).

³⁰ *Id.*

³¹ *Id.*

³² *Id.*

³³ *Id.*

³⁴ *Id.*

³⁵ *Id.*

³⁶ *Id.*

³⁷ *Id.*

³⁸ *Id.*

³⁹ Active Duty, Reserve, and Guard Disorder Separations By Fiscal Year, Disorder Category, Service Component, and Ever Deployed Status (11-L-0109 VVA (OUSD P&R) 273)(on file with authors); ARNG “Personality Disorder” Discharges (Jan. 2011) (11-L-0109 VVA (NGB) 324) (on file with authors); [Coast Guard] Active Duty, Reserves, & Active Duty & Reserves (Enclosure 1, 4.18.2011Enc.1-2.pdf) (on file with authors); FY94-FY04 Active-Duty Army Enlisted Separations (11-L-0109 VVA (Army) 367) (on file with authors); FY05-FY09 Active-Duty Army Enlisted Separations (11-L-0109 VVA (Army) 368) (on file with authors); USMC Personality Disorder Discharges (11-L-0109 VVA (USMC) 1) (on file with authors).

⁴⁰ Active Duty/Reserve/Guard Separations Under Personality Disorders & Adjustment Disorders (11-L-0109 VVA (OUSD P&R) 255, 269-73) (on file with authors); Active Duty Separations from FY 01 through FY 10 (11-L-0109 VVA (AF) 934) (on file with authors); Information Paper: Screening of Personality and Adjustment Disorder Discharges (Oct. 25, 2010) (11-L-0109 VVA (Army) 361, 363) (on file with authors).

⁴¹ Active Duty Transaction and RCCPDS Transaction, Active Duty, Reserve, and Guard Disorder Separations (11-L-0109 VVA (OUSD P&R) 273) (on file with authors).

⁴² *Id.*

⁴³ Unsigned Memorandum on Screening of Personality and Adjustment Disorder Discharges (Undated) (11-L-0109 VVA Army 363) (on file with authors).